| PATENT APPLICATION SEE OFTENWARD AND ADDRESS OF THE PARTY |  |   |                                  |                                  |                         |                                   |          | Application or Docket Number |  |           |                         |                        |  |
|--|--|---|----------------------------------|----------------------------------|-------------------------|-----------------------------------|----------|------------------------------|--|-----------|-------------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECO<br>Effective October 1, 2000   |  |   |                                  |                                  |                         |                                   |          | 09761032                     |  |           |                         |                        |  |
|  | CLAIMS AS FILED - PART I   |   |                                  |                                  |                         |                                   |          | MALL E                       | NTITY  |           | OTHE                    | R THAN                 |  |
| T  | OTAL CLAIMS  | 3   | (Colum                           | in 1)                            | (Col                    | (Column 2)                        |          | TYPE                         |  | OR        |                         | ENTITY                 |  |
| Ŀ  |  | 27  |                                  |                                  |                         |                                   | RATE     | FEE                          | ]  | RATE      | FEE                     |                        |  |
| Н  | OR ·   | NUMBER FILED                                |                                  | NUMBER EXTRA                     |                         | В                                 | ASIC FE  | E 355.00                     | OR   | BASIC FEE | 710.00                  |                        |  |
| I  | OTAL CHARGE  | ABLE CLAIMS                                 | 7 minus 20=                      |                                  | • 7                     |                                   |          | X\$ 9=                       |  | OR        | X\$18=                  | 12 /                   |  |
| _  | DEPENDENT (  | 3 minus 3 =                                 |                                  | 0                                |                         |                                   | X40=     |                              | 1  | Vás       | 15.8.                   |                        |  |
| M  | ULTIPLE DEPE   | NDENT CLAIM F                               | PRESENT                          | ESENT                            |                         |                                   |          |                              | <del>                                     </del> | OR        | -                       | <u> </u>               |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                                  |                                  |                         |                                   |          | +135=                        |  | OR        | +270=                   | <u> </u>               |  |
|  |  |   |                                  |                                  |                         |                                   | ٦        | TOTAL                        |  | OR        | TOTAL                   | 836.                   |  |
|  | 3/12/04  | (Column 1) (Column 2) (Column 3)            |                                  |                                  |                         |                                   |          | SMALL ENTITY                 |  |           | OTHER THAN SMALL ENTITY |                        |  |
| AMENDMENT A  |  | CLAIMS REMAINING AFTER AMENDMENT            |                                  | HIGH<br>NUME<br>PREVIO<br>PAID I | BER<br>DUSLY            | PRESENT<br>EXTRA                  |          | RATE                         | ADDI-<br>TIONAL<br>FEE                           |           | RATE                    | ADDI-<br>TIONA<br>FEE  |  |
| ŽQ<br>N  | Total  | . 20  | Minus                            | 16.                              | 1                       | = /                               | ,        | X\$ 9=                       |  | OR        | X\$18=                  | ·                      |  |
| AME  | Independent  | · - 2                                       | Minus                            | ***                              | 3                       | =/                                |          | X40=                         | <b> </b>   | 1         | X80=                    |                        |  |
| _  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                  |                                  |                         |                                   |          |                              |  | OR        | 7,000                   |                        |  |
| •  |  |   |                                  |                                  |                         |                                   | L        | 135=                         |  | OR        | +270=                   |                        |  |
| 1  | 412016   |   |                                  |                                  |                         |                                   | ADI      | TOTAL<br>DIT. FEE            |  | OR        | TOTAL<br>ADDIT. FEE     |                        |  |
| -  | P1009  | (Column 1)<br>CLAIMS                        |                                  | (Colum                           |                         | (Column 3)                        |          |                              |  |           | -                       |                        |  |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT             |                                  | NUME<br>PREVIO<br>PAID F         | BER                     | PRESENT<br>EXTRA                  | F        | RATE                         | ADDI-<br>TIONAL<br>FEE                           |           | RATE                    | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | . 10  | Minus                            | "Q                               | 77                      | =                                 | Х        | (\$ 9=                       |  | OR        | X\$18=                  |                        |  |
| ₹  | Independent  | NTATION OF MU                               | Minus                            | -**                              | <u>3</u>                | 7                                 | >        | (40=                         |  | OR        | X80=                    |                        |  |
| -  | T MOT P NESE   | MINION OF MC                                | CHIPLE DE                        | PENDENT                          | CLAIM                   |                                   |          | 135=                         |  |           | +270=                   |                        |  |
|  |  | •   |                                  |                                  |                         |                                   | Ľ        | TOTAL                        |  | OR        | TOTAL                   |                        |  |
| •  |  | <b>6</b>                                    |                                  | - Jan                            |                         |                                   | ADD      | IT. FEE                      |  | OR ,      | ADDIT. FEE              |                        |  |
|  |  | (Column 1)<br>CLAIMS                        |                                  | (Colum                           | n 2)<br>ST              | (Column 3)                        |          |                              |  |           |                         |                        |  |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT             |                                  | NUMB<br>PREVIOI<br>PAID F        | USLY                    | PRESENT<br>EXTRA                  | R        | ATE                          | ADDI-<br>TIONAL<br>FEE                           |           | RATE                    | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  |   | Minus                            | **                               |                         | =                                 | ×        | \$9≃                         |  | OR        | X\$18=                  |                        |  |
| AME  | Independent  | •   | Minus                            | ***                              |                         | 2                                 | T        | 40=                          |  | ı         | X80=                    |                        |  |
| ١  | FIRST PRESE  | NTATION OF MU                               | ILTIPLE DEF                      | PENDENT                          | CLAIM                   |                                   | $\vdash$ | 70-                          |  | OR        | ∧60±                    | <del></del> .          |  |
| . ,  | f the entry is color   | mn 1 je lace than th                        | o ontre in ontre                 | mm Ots. "                        | 40# In                  |                                   |          | 35=                          |  | OR        | +270=                   |                        |  |
| (  | "If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE |   |                                  |                                  |                         |                                   |          |                              |  |           |                         |                        |  |
| -  | The "Highest Num   | mber Previously Paid<br>ber Previously Paid | in for in this<br>For" (Total or | o opaue is<br>Independer         | iess than<br>nt) is the | า 3, enter "3."<br>highest number |          |                              | ropriate box                                     |           |                         |                        |  |